

IOWA GENERAL ASSEMBLY

Administrative Rules Review Committee

THE RULES DIGEST

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Scheduled for Committee review Tuesday, Jan. 6, 2014 Room #116

Reference
XXXVII IAB No. 12(12/10/14)
XXXVII IAB No. 13(12/24/14)

HIGHLIGHTS IN THIS ISSUE:

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EDUCATION DEPARTMENT

10:10

Adult education and literacy programs, 12/10/14 IAB, ARC 1775C, ADOPTED.

This filing provides for statewide standards and guidance for adult education and literacy programs and defines the requirements for statewide planning, program administration, use of funding, career pathways, student eligibility, qualifications of staff, professional development, and performance and accountability.

EDUCATION DEPARTMENT

10:10

Standards for practitioner and administrator preparation programs, 12/10/14 IAB, ARC 1780C, ADOPTED.

The State Board of Education proposes this rulemaking to update the standards that educator preparation programs must meet in order to be accredited to prepare educators in Iowa. Compliance with these standards is required and evaluated during each educator preparation program's accreditation review. The standards are also applied in an annual reporting system.

The current standards are in need of updating to remain current with research-based best practices in educator preparation, accountability, and continuous program improvement. A team of Iowa educators, Department of Education staff, and Board of Educational Examiners staff developed the proposed changes. The proposed changes were subsequently vetted by educators and policy experts in Iowa and across

the United States.

The rulemaking includes new standards for governance and resources; diversity; faculty qualifications and performance; assessment systems and unit evaluation; clinical practice; and candidate knowledge, skills, and dispositions.

INSPECTIONS AND APPEALS

10:35

Involuntary discharge or transfer, 12/10/14 IAB, ARC 1752C, ADOPTED.

The Department re-writes existing rules for the involuntary discharge of a resident in a nursing facility, a residential care facility for persons with mental illness, a residential care facility for the intellectually disabled, an intermediate care facility for the intellectually disabled, and an intermediate care facility for persons with mental illness.

A resident can be involuntary discharged for the following reasons:

- Medical reasons;
- The resident's welfare or that of other residents;
- Nonpayment;
- Due to action relating to the hospitalization of a person with mental illness;
- negative action by the department of human services;
- negative action by a quality improvement organization.

Working under contract with the federal Centers for Medicare & Medicaid Services, a quality improvement organization monitors the appropriateness, effectiveness, and quality of care provided to Medicare patients. It is made up of health quality experts, clinicians, and consumers.

A resident cannot be transferred or discharged solely because the cost of care is being paid by the Medicaid or because the resident's source of payment is changing from private support to Medicaid payment. A resident is entitled to notice of the proposed action and an opportunity to contest the involuntary discharge. A contested case hearing will be heard by a Department of Inspections and Appeals administrative law judge.

IOWA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

10:50

Contribution rates; protected occupations; service purchases; benefits, including death and disability; overpayments; reporting; domestic relations orders; records, 12/24/14 IAB, ARC 1800C, NOTICE.

In this filing, the board makes various revisions and updates to its rules, including implementation contribution rates for regular and special service members beginning July 1, 2015; requiring that time of service purchases by members be made only at the time of retirement, beginning January 1, 2016; conforming rules for recovery of overpayments and for interest charged in the case of fraud to the business rules and procedures currently in place; updating rules regarding IPERS' administration of domestic relations orders; and updating the definition of "record" to be consistent with business rules and procedures.

LABOR SERVICES DIVISION

11:10

Elevators—adoption by reference of ASME A17.3(2011) with specified exceptions, 12/10/14 IAB, ARC 1771C, NOTICE.

These amendments by the Elevator Safety Board would adopt by reference significant portions of the American Society of Mechanical Engineers (ASME) Safety Code for Existing Elevators and Escalators, known as A17.3 (2011), into the state standards for most elevators.

The amendments will require limited upgrades of older elevators to install more modern safety technologies such as car top lights and outlets, car door restrictors, counterweigh guards, and emergency lights and telephones. The board omitted a requirement to install new controllers, which was the subject of many negative public comments. The new standards will not be required until May 1, 2020.

Applicable variance procedures are set forth in 875—Chapter 66. A variance application form is available on the Board's Web site, and the Board typically reviews variance applications several times a year.

The board began studying the ASME A17.3 (2011) standards in February 2010. The Board sent to 875 owners of older elevators written notices of the proposed changes and instructions for how to comment. The Board published advance notice of proposed rulemaking three times, used various electronic methods to notify stakeholders, and held several public hearings on the proposed rulemaking. Most owners of older

elevators were provided specific information about what the standards would require for their equipment via a survey conducted by the board. The board plans an outreach program to notify building owners of the requirements.

MEDICINE BOARD

11:35

Standards of practice—telemedicine, 12/10/14 IAB, ARC 1769, NOTICE.

This proposed rule would establish standards of medical practice for medical physicians and osteopathic physicians who use telemedicine, which is the practice of medicine using electronic communication, information technology or other means of interaction between a licensee in one location and a patient in another location with or without an intervening health care provider.

The standards provide that physicians using telemedicine must have an active Iowa medical license and must utilize evidence-based telemedicine practice guidelines if available. The rule also includes requirements relating to standards of care and professional ethics, the physician patient relationship, medical history and physical examination, nonphysician health care providers, follow-up care, emergency services, medical records, privacy and security, and technology and equipment.

PUBLIC HEALTH DEPARTMENT

1:55

Newborn hearing and critical congenital heart disease screening; newborn screening data and specimens, 12/10/14 IAB, ARC 1747C, ADOPTED.

These amendments add the newborn hearing screening program, Iowa Early Hearing Detection and Intervention, to the purview of the Center for Congenital and Inherited Disorders; describe the authority of the department to collect, test, and store newborn screening specimens and conduct follow-up and quality assurance activities; include a new rule that describes newborn screening for critical congenital heart disease; define the time frame for retention of newborn screening data; and require informed consent of the parent or guardian prior to the release of specimens for research use and to provide an effective date for the informed consent process.

Based on recommendations from public comments, the department has provided an effective date of January 1, 2016, for the informed consent procedure to allow for policy

development prior to implementation. A procedure is also described to enable parents or guardians to indicate refusal to allow the newborn's specimen to be used for research for newborns with specimens collected prior to the effective date of the informed consent procedure.

REVENUE DEPARTMENT

2:30

Multiresidential property tax classification, 12/10/14 IAB, ARC 1765C, ADOPTED.

This rulemaking implements implement new Iowa Code subsection 441.21(13) which was enacted by 2013 Iowa Acts, Senate File 295, the property tax reform bill, and which takes effect January 1, 2015. The SF 295 created a new classification of property for property taxation purposes called "multiresidential." The rulemaking sets out the multiresidential property tax classification and provides for the determination of aggregate actual values of multiresidential real estate, is the valuation and assessment of property classified as multiresidential, and the valuation and assessment of property with a dual classification.